OUT-OF-STATE SCHOOL COUNSELOR LICENSE APPLICATION INSTRUCTIONS

NOTE: Pursuant to PA 288 of the Public Acts of 2000, this application is for individuals who completed a master's or higher degree in school counselor education that includes all of the skills and content areas as articulated in the Act at an out-of-state institution or who have at least 5 years of successful experience serving in a school counseling role in another state within the immediately preceding 7-year period.

DO NOT use this form if you are a certified teacher with a valid out-of-state certificate with school counseling as an endorsement (please contact 517-373-3310 to request an out-of-state provisional/professional application).

EACH APPLICANT MUST SELECT ONE OF THE FOLLOWING CATEGORIES:

CATEGORY A: This category is for applicants who hold a master's or higher degree in school counselor education and who **may or may not** hold a school counselor license/certificate/authorization in another state.

CATEGORY B: This category is for applicants who hold at least a bachelor of arts or bachelor of science degree, with at least 5 academic years of experience in a school counselor role within the last 7 years.

EACH APPLICANT MUST:

- ① Complete items 1 through 5. PLEASE PRINT OR TYPE. Attach to the application a photocopy of any credential or approval document required by the other state to serve in the school counseling role and in which your counseling experience is documented. If applicable, also attach to the application the experience report form(s) documenting the required 5 academic years of school counseling experience within the last 7 years.
- ② Submit official student-issued copies of all college transcripts with the application. Incomplete applications will not be reviewed until all supporting documentation is received and may even be returned.
- 3 Make payment as instructed on the fee remittance form. The \$175 fee payment must be received before the application is evaluated. The application evaluation fee is nonrefundable and is valid for two years from the date of receipt.
- Pass the guidance counselor subject area examination on the Michigan Test for Teacher Certification
 (MTTC) prior to licensure. A one-year, nonrenewable Temporary School Counselor Authorization will be
 issued to eligible applicants. The applicant must take and pass the MTTC during that year.

COMPLETED APPLICATIONS ALONG WITH ALL SUPPORTING DOCUMENTATION (TRANSCRIPTS, EXPERIENCE REPORT FORMS) SHOULD BE MAILED TO THE ABOVE ADDRESS. QUESTIONS REGARDING THIS FORM SHOULD BE DIRECTED TO 517/241-0046.

TE-4991

of 2000.

AUTHORITY: P.A. 288 of the Public Acts

COMPLETION: Voluntary. (License

SIGNATURE OF APPLICANT

Rev. 9/00

Michigan Department of Education OFFICE OF PROFESSIONAL PREPARATION SERVICES P.O. Box 30008, Lansing, Michigan 48909

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Direct questions regarding this form to (517) 241-0046.

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PLEASE READ THE INSTRUCTIONS ON PAGE 1 REFORE COMPLETING THIS FORM

1. APPLICANT INFORMAT	TON	OKE COMFLET	ING I IIIS I	rokwi.
SOCIAL SECURITY NUMBER	NAME (Last , First , Middle Initial)		MAIDEN NAM	E (If applicable)
STREET ADDRESS (Home)		CITY/STATE		ZIP CODE
DATE OF BIRTH (mm/dd/yy)	GENDER Male Female	TELEPHONEAREA	CODE/NO./EXT	
American Indian or A White, NOT of Hispa 2. EDUCATION	Alaskan Native Black, NOT of Hispanic		Hispanic Multiracial: _	YESNO
COLLEGE/UNIVERSITY ATTENDED:		DEGREE/ CREDITS:	Y	EAR COMPLETED:
COLLEGE/UNIVERSITY ATTENDED:		DEGREE/ CREDITS:	Y	EAR COMPLETED:
COLLEGE/UNIVERSITY ATTENDED:		DEGREE/ CREDITS:	Y	EAR COMPLETED:
3. APPLICATION CATEGO	ORY (Select only one):			
CATEGORY B: Bachel	's or higher degree in school counselor education or of Arts or Bachelor of Science degree (only) wi counselor role within the last 7 years.	ith at least 5 academic	c years of exper	ience in the
surrendered, revoked, nullified, other state board of education a use or attempt to use a college of forged, or uses or attempts to us	ith Public Act 96 of the Public Acts of 1995, fraudulently obtained, altered or gorged teach pproval, or a certificate or approval of another university transcript or a certificate or other e as his or her own, a college or university transcript caching certificate, school administrator's cert	ing certificate, schoor person for the pur credential that is frunctions or a certific	ool administrate pose of obtain audulently ob ate or other cr	tor certificate, ing employment; tained, altered or redential that is
•	victed of (or pleaded no contest to) a felony?	anor involving a ch	ild?	YES NO

DATE

5. SCHOOL COUNSELOR EXPERIENCE:

NAME OF SCHOOL	ADDRESS (Including City and State)	CONTACT PERSON/ SUPERVISOR	DATES OF EMPLOYMENT FROM: TO:

PLEASE USE THE FOLLOWING CHECK LIST TO ASSURE COMPLETION OF THIS
APPLICATION PROCESS

HAVE YOU:

- 1. Completed the Application form?
- 2. Completed the fee remittance form with information relevant to your application forwarded with **CHECK OR MONEY ORDER** in the pre-addressed envelope? (U.S. currency only)
- 3. Enclosed a copy of your out-of-state counselor license/certificate/authorization/approval, if applicable?
- 4. Enclosed all original student transcript(s) from the institution(s) of higher education at which study was completed? NOTE: Photographic copies and facsimiles of transcripts are not acceptable. Grade reports are also not acceptable.
- 5. Enclosed experience report forms, if applicable?

PLEASE NOTE: Eligibility for Michigan School Counselor Licensure will be determined by an official evaluation based on current legislation.

- 1. The Office of Professional Preparation Services cannot provide advice on eligibility for a School Counselor License until an application is submitted and the evaluation process is completed.
- Eligible applicants must take and pass the Guidance Counseling subject area examination on the Michigan Test for Teacher Certification (MTTC) prior to licensure. A one-year nonrenewable Temporary School Counselor Authorization will be granted to eligible applicants to allow time to take the MTTC.
- 3. Michigan licensure requirements are subject to change at any time. If changes occur, the applicant may be required to meet additional certification requirements.
- 4. It is the applicant's responsibility to submit a complete application.
- 5. The fee is for the application/evaluation process and is **nonrefundable.**

DO NOT WRITE BELOW THIS LINE.

NAME OF INSTITUTION	DEGREE	DATE ISSUED	CERTIFICATE TYPE
FEE PAID	DATE APPROVED	EXPIRATION DATE	CERTIFICATE NUMBER